Tribal and Indian Health Program Representatives Meeting

Department of Health Care Services

November 2, 2022

DHCS

Overview

- Welcome and Introductions
- Agenda Review
- Items for Next Meeting

DHCS Director's Update

Michelle Baass
DHCS Director

PATH, ECM, and Community Supports Update

Dana Durham
DHCS Division Chief

California Advancing and Innovating Medi-Cal (CalAIM)

CalAIM is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory. The goals of CalAIM include:

Implement a whole-person care approach and address social drivers of health.

Improve quality outcomes, reduce health disparities, and drive delivery system transformation.

Create a consistent, efficient, and seamless Medi-Cal system.

The Big Picture:

Enhanced Care Management (ECM) and Community Supports

On January 1, 2022, DHCS launched the first components of CalAIM: Enhanced Care Management and Community Supports.

Enhanced Care Management (ECM)

A **Medi-Cal managed care benefit** that will address clinical and non-clinical needs of high-need, high-cost individuals through the coordination of services and comprehensive care management

Community Supports

Services that **Medi-Cal managed care plans are strongly encouraged, but not required, to provide** as medically appropriate and cost-effective alternatives to utilization of other services or settings such as hospital or skilled nursing facility admissions

What is "Providing Access and Transforming Health" (PATH)?

DHCS is seeking an additional $410M to support implementation of pre-release services.

California has received targeted expenditure authority as part of its section 1115 demonstration renewal for the "Providing Access and Transforming Health" (PATH) program to take the State's system transformation to the next phase, refocusing its uses to achieve the CalAIM vision. DHCS has currently received authorization for $1.44 billion total computable funding for PATH to maintain, build, and scale the infrastructure and capacity necessary to ensure successful implementation of Enhanced Care Management (ECM) and Community Supports under CalAIM. PATH is available to **tribal health programs** in order to implement CalAIM

PATH is intended to complement and enhance other CalAIM funding efforts and should not serve as a primary source of funding. PATH funding for all initiatives is time-limited and should not be viewed as a sustainable, ongoing source of funding.

Key PATH Program Initiatives Available for Tribal Health Programs

PATH Initiative Name	High-Level Description
Collaborative Planning and Implementation Initiative	Support for collaborative planning and implementation groups to promote readiness for ECM and Community Supports in the community including **tribal health partners**. Facilitators have been chosen and should begin in Quarter 1 2023.
Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative	Grant funding to enable the transition, expansion, and development of capacity and infrastructure to provide ECM and Community Supports. Application process is ongoing, and funding anticipated to begin in Winter 2022.
★ **Technical Assistance Marketplace Initiative**	Technical assistance to providers, community-based organizations, county agencies, public hospitals, **tribal health partners,** and others. Application process and funding anticipated to begin in January 2023. This assistance is available to tribal health programs.

Collaborative Planning and Implementation Initiative

Background

- **Contracted PATH Third Party Administrator (TPA) will work with facilitators** to convene and facilitate a single county or regional collaborative planning efforts
- An important component of this program is the participation of all within the county or region including tribal health entities.
- Collaborative planning efforts seek to build off existing collaborative efforts
- Funding will support the designated PATH collaborative planning facilitator in each county or region (i.e., individual collaborative planning participants will not receive funding)

Collaborative Planning Status

DHCS is currently working with facilitators to prepare for launch of collaborative planning groups

- DHCS "matched" approved facilitators to counties and participants based on local needs and stakeholder input
- Collaborative planning group participants now have the opportunity to register for groups launching in their county or region
- **Participants can register at:** https://ca-path.com/collaborative

CITED Initiative

Background

CITED Grants

CITED Round 1 grant application period over! Round 2 is upcoming.

- **Applicants include organizations that are contracted to provide, or that intend to provide ECM/Community Supports:** County, city, and local government agencies, public hospitals, providers, CBOs, **tribal partners**, and others, as approved by DHCS
- Applicants must meet **minimum eligibility criteria for CITED** (e.g., completed application, demonstration that funding request is reasonable, and attestation that funding will only be spent on permitted uses)
- **Applications request information on** intended use of CITED funds, justification for why funds are needed, sustainability plan for future funding, and how duplication of funding will be avoided
- **CITED funds may only be used on outlined permissible uses** (e.g., increasing provider workforce, developing or modifying referral, billing, and IT processes, and capacity and infrastructure to deliver ECM and Community Supports)

Technical Assistance Marketplace Initiative

Background

- Entities including **tribal health programs** may register for hands-on technical assistance support from vendors and access off-the-shelf TA resources in pre-defined TA domains
- TA resources will be provided through a virtual TA "Marketplace," which will be designed, launched and managed by the PATH TPA
  - The TPA will contract with other vendors to provide TA services to eligible entities as part of the marketplace
- **Technical assistance resources may include, for example:**
  - Hands-on trainings for ECM / Community Supports providers on billing and reporting requirements or contracting with health plans
  - Guidance for data sharing processes between ECM / Community Supports providers and health plans
  - Accelerated learning sessions or computer-based learning modules for CBOs
  - Strategic planning consultations for entities implementing ECM / Community Supports
  - Customized project-specific support provided by vendors registered with the TA Marketplace

PATH and IPP are Aligned But Distinct

PATH

Goals

- Support development of ECM and Community Supports infrastructure and capacity
- Support technical assistance needs and other gaps not addressed by IPP

Eligible entities include:

- Counties, former WPC Lead Entities, providers (including ECM and Community Supports providers), CBOs, **tribal partners** and others
- MCPs are not permitted to receive PATH funding for infrastructure, capacity or services

Flow of funds

- Entities will apply for funding which will flow directly from DHCS or the TPA to awarded applicants

Note: PATH funding is subject to key guardrails (e.g., cannot duplicate or supplant, regular progress reporting, alignment with MCPs)

Incentive Payment Program (IPP)

Goals

- Support development of ECM and Community Supports infrastructure and capacity
- Grow and strengthen provider networks including **tribal health partners**

Eligible entities include:

- **MCPs** that elect to participate in the IPP and meet requirements to qualify for incentive payments
- DHCS anticipates MCPs will maximize the investment and flow of incentive funding to **ECM and Community Support providers**

Flow of funds

- Funding will flow directly from DHCS to MCPs upon achieving set milestones
- MCPs are encouraged to share funding with providers to strengthen networks

Collaborative Planning and Implementation Initiative

Initiative Overview

- PATH TPA will work with **an assigned facilitator** and stakeholders in the region to convene and facilitate county or regional collaborative planning efforts
  - There will generally be a single PATH-funded collaborative planning group in each county / region
- Local collaborative planning groups will work together to identify, discuss, and resolve topical implementation issues and identify how PATH and other CalAIM funding initiatives – including IPP – may be used to address gaps identified in MCP Needs Assessments and Gap Filling Plans while avoiding duplication
- Collaborative planning efforts may build off existing collaborative efforts from the WPC Pilot Program or other existing collaborative initiatives

Collaborative Planning and Implementation Initiative Funding

- Initiative funding will be used to support a designated PATH collaborative planning facilitator in each county or region
- Individual collaborative planning participants will not receive funding via this initiative
- Entities will not be required to participate in collaborative planning efforts in order to apply for PATH CITED funding

Collaborative Planning Facilitators

Collaborative Planning Facilitators are responsible for the following duties, at a minimum:

- Convene and engage a diverse set of stakeholders with different backgrounds and points of view. This includes tribal partners
- Create a fair, open and transparent process and an impartial environment where constructive, disparate points of view can be expressed.
- Support the identification of challenges and conflicts associated with the implementation of CalAIM.
- Identify potential resolution strategies and tactics to overcome challenges and conflicts, including identification and dissemination of successful practices to a diverse set of stakeholders.
- Facilitate comprehensive programming (e.g., webinars, in-person convenings, etc.) that allow for robust collaboration amongst participants.
- Conduct outreach to organizations that serve historically marginalized populations including tribal partners and other entities to actively participate in collaborative planning groups.

Collaborative Planning Group Participants

- **Collaborative planning group participants may include:** MCPs, county, city, and local government agencies, providers, CBOs, public hospitals, and **Medi-Cal Tribal and Designees of Indian Health Programs,** ECM and Community Supports providers, and others as approved by DHCS
- Entities providing or that may provide ECM / Community Support Services, and all entities that apply for PATH CITED or TA Marketplace funding will be invited to participate in collaborative planning groups
- Collaborative planning group facilitators will work with stakeholders to identify and invite other entities to participate. Once collaborative planning groups are established, participants will help identify critical issues that need to be addressed through the collaborative planning process, based on experience to date

Entities interested in participating in collaborative planning will complete a simple, standardized registration form that indicates their interest and intent to join a collaborative in the community (i.e., county or region) they operate in, and are permitted to participate in more than one collaborative if they operate in multiple regions. CBOs and other under-resourced entities will be supported throughout the registration process

MCPs Will be Encouraged to Support Local Collaborative Planning Efforts

MCPs will be encouraged to participate in PATH collaborative planning efforts in the counties they serve.

- MCPs will support identification of entities that participated in development of IPP Needs Assessment and gap filling plans as well as contracted ECM / Community Support providers to be invited to join collaborative planning efforts
- MCPs will be eligible to earn IPP funding by actively participating in the PATH Collaborative Planning and Implementation groups
- MCPs are not eligible to serve as the facilitators of PATH Collaborative Planning and Implementation groups

Leveraging Existing Collaborative Planning Efforts

- PATH-funded collaborative planning groups will leverage existing collaborative planning efforts that align with PATH program parameters, when feasible
- Entities that currently support facilitation of ECM / Community Support related collaborative planning efforts will be encouraged to serve as facilitators for PATH Collaborative Planning Groups
- Lessons learned and best practices gleaned from existing collaborative planning efforts will help "jump start" programming for PATH-funded collaborative planning groups

DHCS surveyed stakeholders to understand the landscape of existing local collaborative planning efforts and will use survey responses to inform how existing facilitators can be incorporated into the initiative and where gaps remain.

Initiative Oversight

- Information on participants in regional/county-based collaboratives will be made publicly available
- Collaborative planning group facilitators will be responsible for submitting progress reports every six months that document the following, for example:
  - How collaborative planning and implementation funding has been spent
  - Participation in collaborative planning groups
  - Successes and challenges experienced by participants in collaborative planning groups
  - Lessons learned and best practices identified by MCPs and other entities from participation in the collaborative planning group
  - Results from a participant survey assessing satisfaction with collaborative planning facilitators and recommendations for future topics and convenings
- DHCS will submit regular progress reports to the federal government that will summarize information included in six-month progress reports from collaborative planning group facilitators

Sample Collaborative Planning Funding Activities

Category	Potential Activities
Identifying ECM / Community Support needs and gaps within the community	» Participants may take stock of current ECM / Community Support services provided in the county / region and identify pressing needs and gaps including needs of **tribal health entities** » Participants may work with MCPs to review Incentive Payment Program (IPP) Needs Assessment and Gap Filling Plans » Participants may work with facilitators to understand how PATH and other CalAIM funding may be used to address needs and gaps within the county / region including gaps in serving **tribal health needs**
Identifying and resolving topical implementation issues	» Facilitators may host regular convenings for entities to identify, discuss, and resolve local implementation issues that arise as CalAIM is rolled out across a county / region and with **tribal health partners** » Facilitator may work with participants to identify opportunities to use PATH and other CalAIM funding sources to address CalAIM implementation issues
Monitoring how PATH funds are being used	» Monitoring and reporting on use of funds to address implementation issues » Disseminating best practices that address implementation issues both within and across collaborative planning groups


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Clinic Workforce Stabilization Retention Payment Program

Margaret Hoffeditz
DHCS Division Chief

Clinic Workforce Stabilization Retention Payments

CWSRP Key Dates and Information	
Enacted Date	September 29, 2022
Clinic Types that Qualify	Qualified Clinics – FQHCs (including **Tribal FQHCs** and FQHC look-alike's), Free Clinics, **Indian Health Clinics**, Intermittent clinics, RHCs
Qualifying Period	Must continue to be employed through the date the qualified clinic distributes the retention payments
Date of Record	December 28, 2022
Payment Amounts	Up to $1000 per eligible employee *(excludes Managers/Supervisors and contractors)*
Registration Period	November 15, 2022 – December 20, 2022
Application Period	December 29, 2022 – January 27, 2023
Estimated Payment Dates	February 2023 via Qualified Clinics

CWSRP Resources

We encourage you to share updates and information broadly

- Sign up for CWSRP announcements to stay informed of new developments
- Webpage - https://www.dhcs.ca.gov/Pages/Clinic-Workforce-Stabilization-Retention-Payment-Program.aspx
- Dedicated email box - CWSRP@DHCS.CA.GOV
- Frequently Asked Questions (FAQs) and guidance

To our Tribal Partners

Registration for Qualified Clinics begins on November 15th


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Update on Health Equity and Practice Transformation Payments Program and Invitation to Participate

Dr. Palav Babaria
DHCS Deputy Director/Chief Quality Officer

Meeting Agenda & Objectives

- Provide Finalized ECM Policy for Children and Youth
- Understand barriers to participating in ECM for Tribal and Indian Health Programs
- Preview Bold Goals 50x2025 Launch
- Understand barriers and resource needs to achieve Bold Goals for Tribal and Indian Health Programs

ECM Children & Youth Populations of Focus Update

CalAIM Care Management Continuum

Managed Care Plans (MCPs) are required to have a broad range of programs and services to meet the needs of all members organized into the following three areas. These benefits are only available to members enrolled in MCPs.

Enhanced Care Management (ECM) is for the **highest-need members** and provides intensive coordination of health and health-related services.

Complex Care Management (CCM) is for members at **higher- and medium-rising risk** and provides ongoing chronic care coordination, interventions for temporary needs, and disease-specific management interventions.

Basic Population Health Management (BPHM). BPHM is the array of programs and services for **all** MCP members, including care coordination and comprehensive wellness and prevention programs, all of which require a strong connection to primary care.

Transitional Care Services are also available for all Medi-Cal Managed Care Plan (MCP) members transferring from one setting or level of care to another.

For more information, see the Population Health Management (PHM) Program Guide

Why Enhanced Care Management & Community Supports?

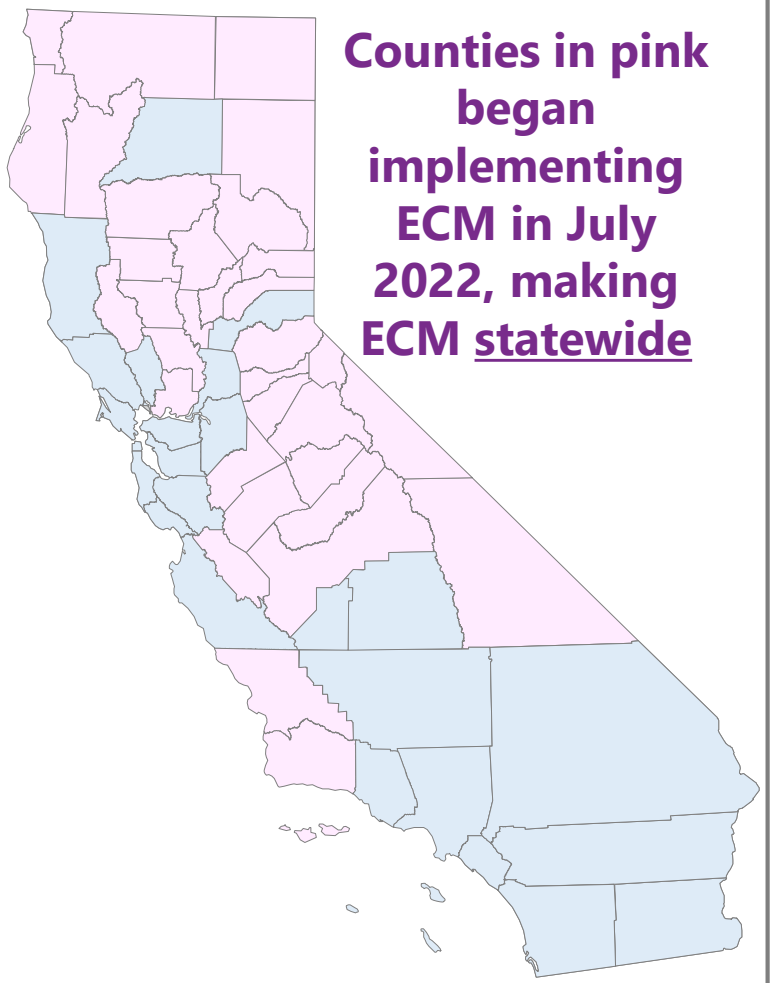
Issues ECM is Designed to Address

Over half of Medi-Cal spending is attributable to the **5% of enrollees with the highest-cost needs**

Medi-Cal enrollees typically have **several complex health conditions**

Enrollees with complex needs must often engage in **several delivery systems to access care**

Reminder: Launch and Expansion of ECM



Counties in pink began implementing ECM in July 2022, making ECM statewide

ECM Populations of Focus (POFs)	Go-Live Timing

• Individuals and Families Experiencing Homelessness
• Adults At Risk for Avoidable Hospital or Emergency Department (ED) Utilization
• Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs
• Individuals Transitioning from Incarceration (some WPC counties)
  ○ Individuals with Intellectual or Developmental Disabilities (I/DD)
  ○ Adult Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes
	January 2022 (Whole Person Care Pilots (WPC) and Health Home Program (HHP) counties)
	
	July 2022 (all other counties)

• Adults Living in the Community and At Risk for Institutionalization and Eligible for Long Term Care (LTC) Institutionalization • Adults who are Nursing Facility Residents Transitioning to the Community	January 2023
• **Children / Youth Populations of Focus**	**July 2023**
• Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes, who are subject to racial and ethnic disparities. • Individuals Transitioning from Incarceration (No sooner than 1/1/24)	January 2024

ECM Populations of Focus

New

ECM Population of Focus (POFs)		Adults	Children & Youth
1	Individuals Experiencing Homelessness	✓	✓
2	Individuals At Risk for Avoidable Hospital or ED Utilization (*formerly called "High Utilizers"*)	✓	✓
3	Individuals with Serious Mental Health and/or SUD Needs	✓	✓
4	Individuals Transitioning from Incarceration	✓	✓
5	Adults Living in the Community and At Risk for LTC Institutionalization	✓	
6	Adult Nursing Facility Residents Transitioning to the Community	✓	
7	Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		✓
8	Children and Youth Involved in Child Welfare		✓
9	Individuals with Intellectual or Developmental Disabilities (I/DD)	✓	✓
10	Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes	✓	✓

ECM Policy Guide Updates

DHCS will release an updated ECM Policy Guide in late fall 2022.

ECM Policy Guide updates will include:

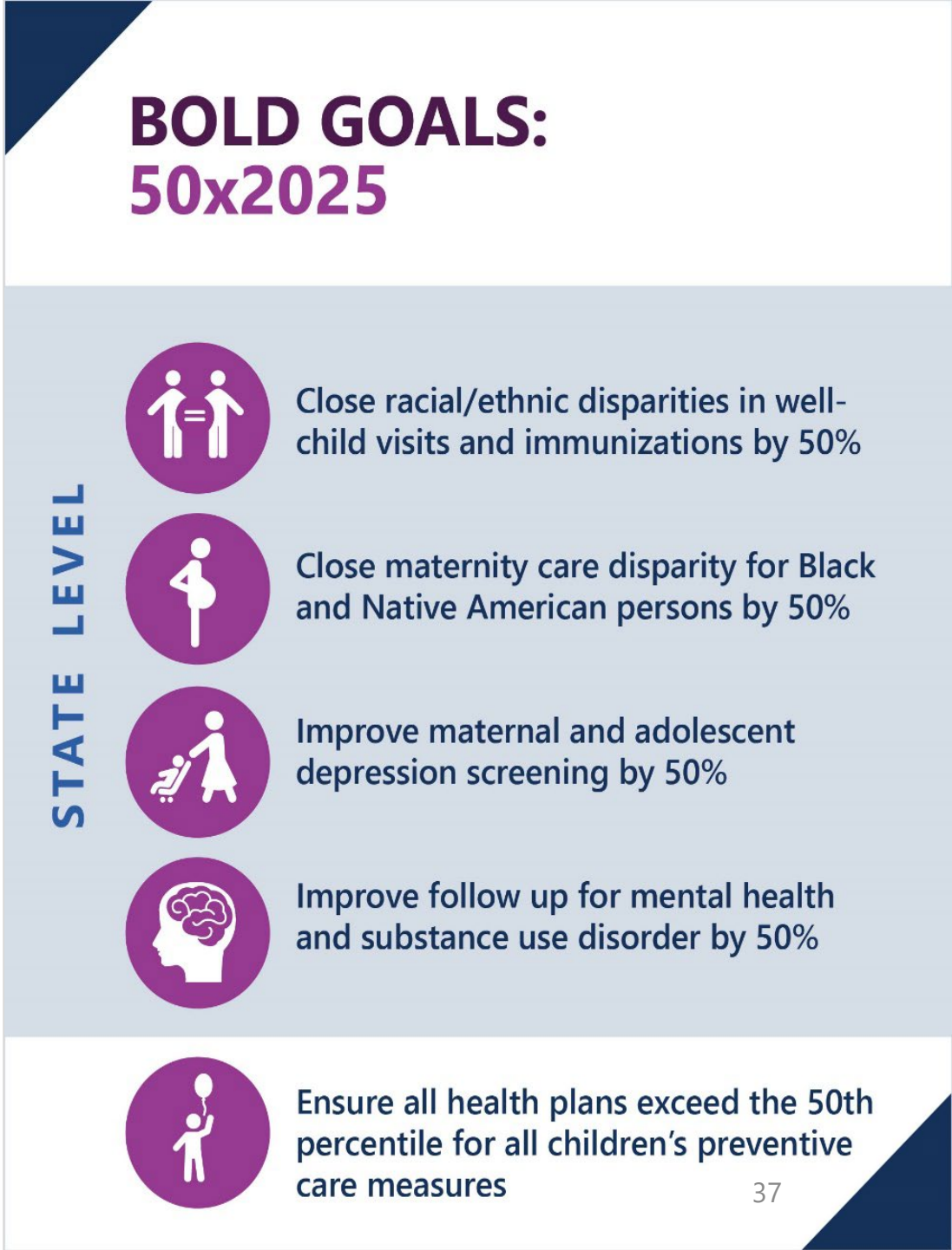
- **Updates to Populations of Focus, including all Children/Youth Populations**
- **Additional detail on Individuals Transitioning from Incarceration POF**, including adding additional details on eligibility criteria, additional examples of ECM services, and high-level expectations for how ECM Providers will coordinate with pre-release care managers
- **Additional detail on Adults with Serious Mental Health and/or SUD Needs ECM POF**, including clarification on the interaction between ECM and Specialty Mental Health Services Targeted Case Management (SMHS TCM), Full Service Partnership (FSP) programs, and Drug Medi-Cal Organized Delivery System (DMC-ODS) care coordination services
- **Additional detail on ECM overlaps with other DHCS programs**

Updated ECM Policy Guide to be posted on the CalAIM ECM Webpage

Discussion: What can DHCS do to support Tribal and Indian Health Program participation in ECM?

Launch of Bold Goals 50x2025

Thinking big:



Specific Measures

Infant, child and adolescent well-child visits Childhood and adolescent vaccinations
Prenatal and postpartum visits C-section rates
Prenatal and postpartum depression screening Adolescent depression screening and follow up
Follow up after ED visit for SUD within 30 days Depression screening and follow up for adults Initiation and engagement of alcohol and SUD treatment
Infant, child and adolescent well-child visits Childhood and adolescent vaccinations Blood lead & developmental screening Chlamydia screening for adolescents

BOLD GOALS: 50x2025

STATE LEVEL

Close racial/ethnic disparities in well-child visits and immunizations by 50%

Close maternity care disparity for Black and Native American persons by 50%

Improve maternal and adolescent depression screening by 50%

Improve follow up for mental health and substance use disorder by 50%

Ensure all health plans exceed the 50th percentile for all children's preventive care measures

Discussion: What opportunities exist for DHCS to support and/or partner with Tribal and Indian Health Programs to achieve the Bold Goals?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COVID-19 Vaccine Update

Dr. Karen Mark
Medical Director

COVID Vaccine Update

- New, bivalent mRNA (Moderna or Pfizer) COVID booster recommended for everyone 5 years and older
- Administered at least 2 months after completion of primary COVID vaccine series or previously-received monovalent booster
- Bivalent booster is based on the original strain of SARS-CoV-2 and the Omicron BA.4 and BA.5 variants of SARS-CoV-2
- Get your flu shot too, at the same time!

COVID-19 Vaccination Incentive Program

- Vaccine Response Plan ($50M): Submitted by managed care plans (MCPs) to DHCS by September 1, 2021.
- Direct member incentives ($100M): Gift cards up to $50 for members after vaccination.
- Vaccine outcome achievement ($200M): MCP payments tied to three intermediate outcome and seven vaccine uptake measures.
- Baseline vaccination rate as of August 29, 2021.
- Outcomes evaluated as of:
  - October 31, 2021
  - January 2, 2022
  - March 6, 2022

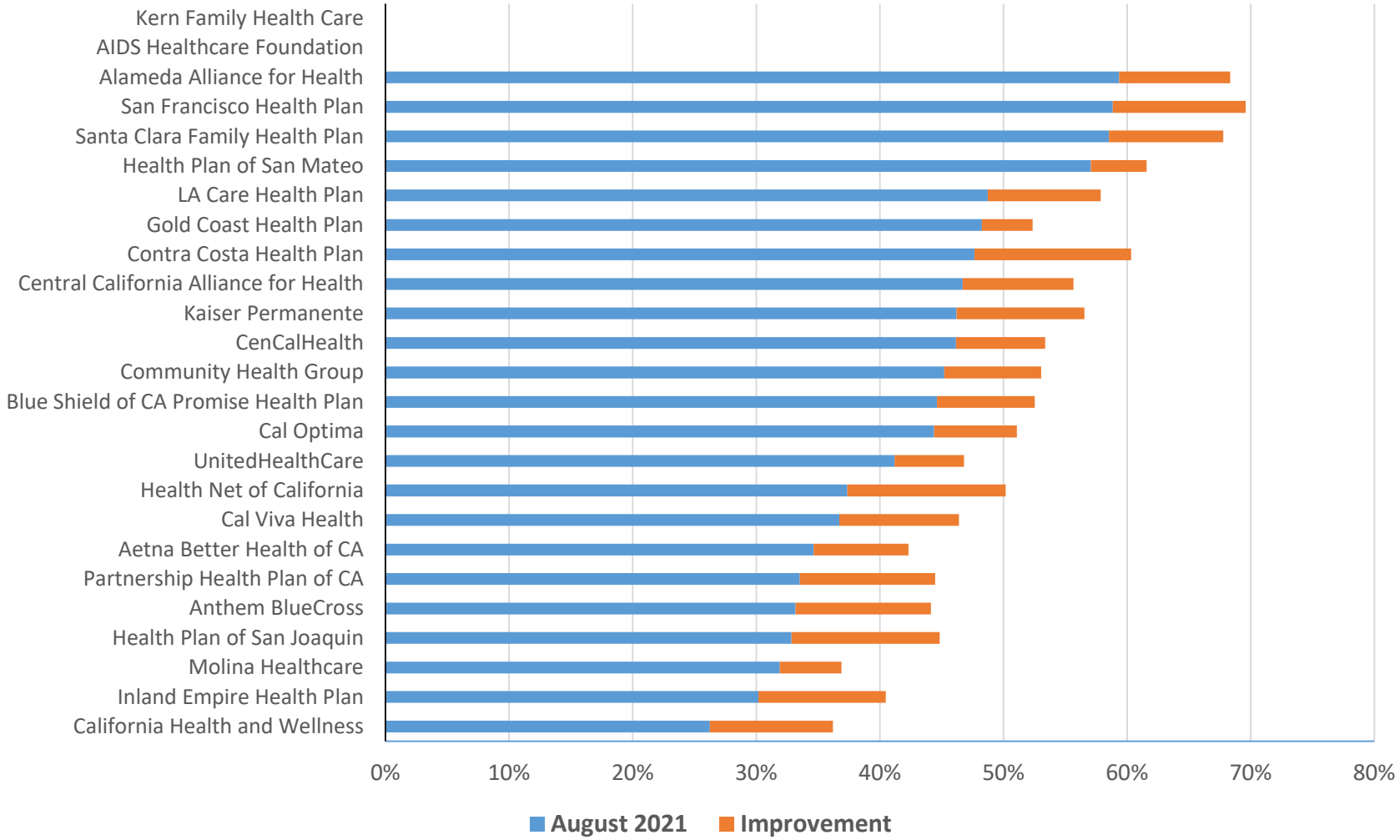
Vaccine Uptake Outcome Measures

- Two measures related to race/ethnicity
- Percent of Medi-Cal beneficiaries ages 12 years and older from the race/ethnicity group with the lowest, and second-lowest, baseline vaccination rate who received at least one dose of a COVID-19 vaccine
- Almost all plans (23/25) working on improving vaccination rates among Native Americans
- To receive full payment, plans must close the gap between the vaccination rate among their Native American members and their overall plan vaccination rate

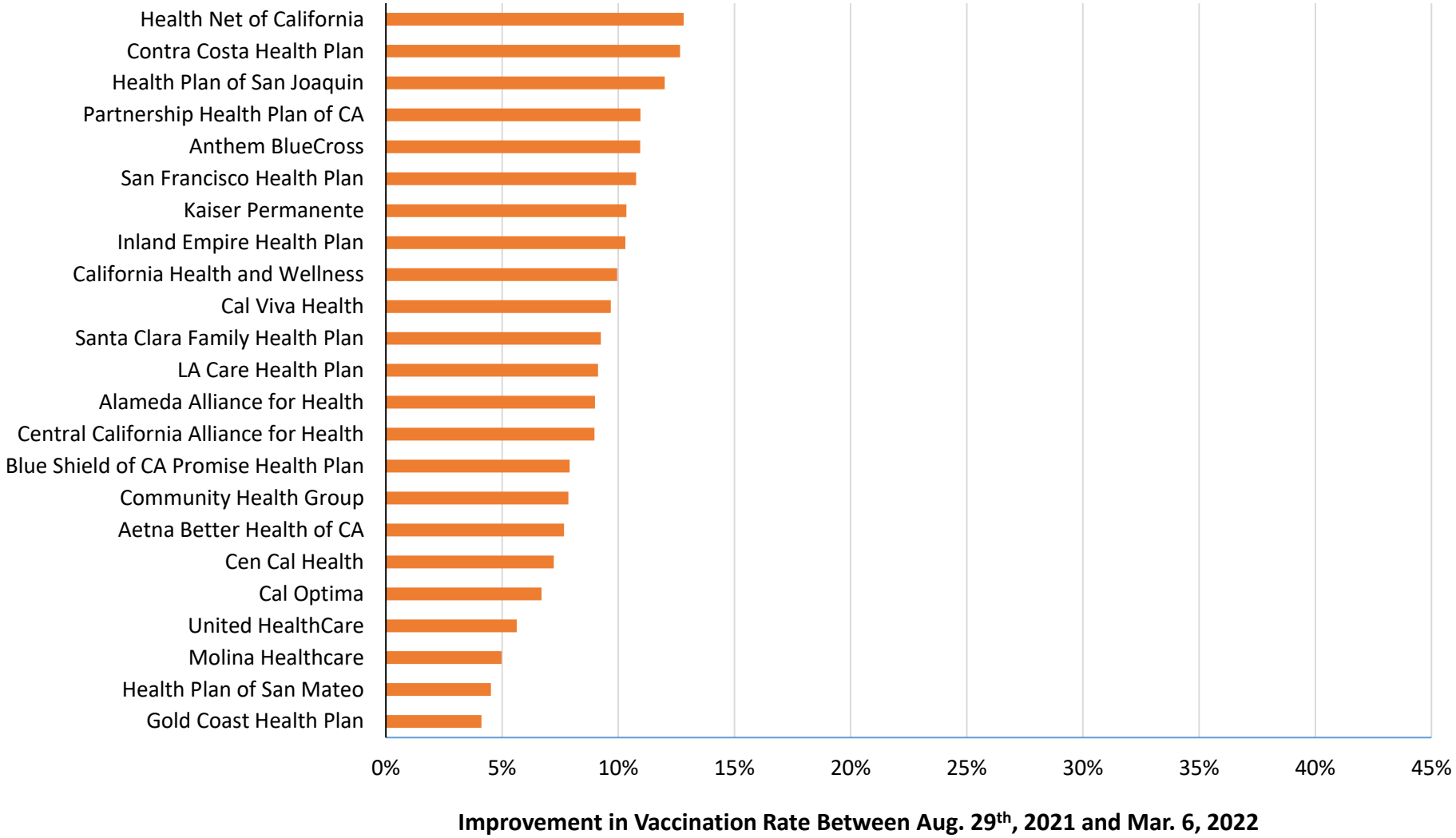
Vaccination Incentive Program Outcomes

Vaccination Incentive Program Measure	Aug 2021	Mar 2022	Target	Gap
1: Homebound Medi-Cal beneficiaries, at least one dose	64.7%	75.5%	84.1%	8.6%
2: Medi-Cal 50-64 years, one or more chronic diseases, at least one dose	65.3%	75.4%	84.9%	9.4%
3: Network primary care providers (PCPs) providing COVID-19 vaccine in office	49.5%	67.0%	64.3%	-2.7%
4: Medi-Cal 12+ years, at least one dose	51.1%	61.1%	86.2%	25.1%
5: Medi-Cal 12-25 years, at least one dose	43.9%	57.1%	75.0%	17.9%
6: Medi-Cal 26-49 years, at least one dose	46.9%	57.0%	89.6%	32.6%
7: Medi-Cal 50-64 years, at least one dose	60.4%	67.6%	90.7%	23.1%
8: Medi-Cal 65+ years, at least one dose	69.0%	74.6%	88.2%	13.6%
9: Medi-Cal Black/African American, at least one dose	35.6%	47.9%	61.1%	13.2%
10: Medi-Cal American Indian/Alaska Native, at least one dose	36.7%	47.4%	61.1%	13.7%

Percent of Medi-Cal Native American/Alaska Native Population Received At Least One Dose of COVID-19 Vaccine, by Plan



Improvement in Medi-Cal Vaccination Rates for Native Americans/ Alaska Natives between August 29th, 2021 and March 6th, 2022



Top 5 Health Plans: Improvement in Medi-Cal Vaccination Rates for Native American/Alaska Native Population

- Health Net of California
- Contra Costa Health Plan
- Health Plan of San Joaquin
- Partnership Health Plan of CA
- Anthem Blue Cross

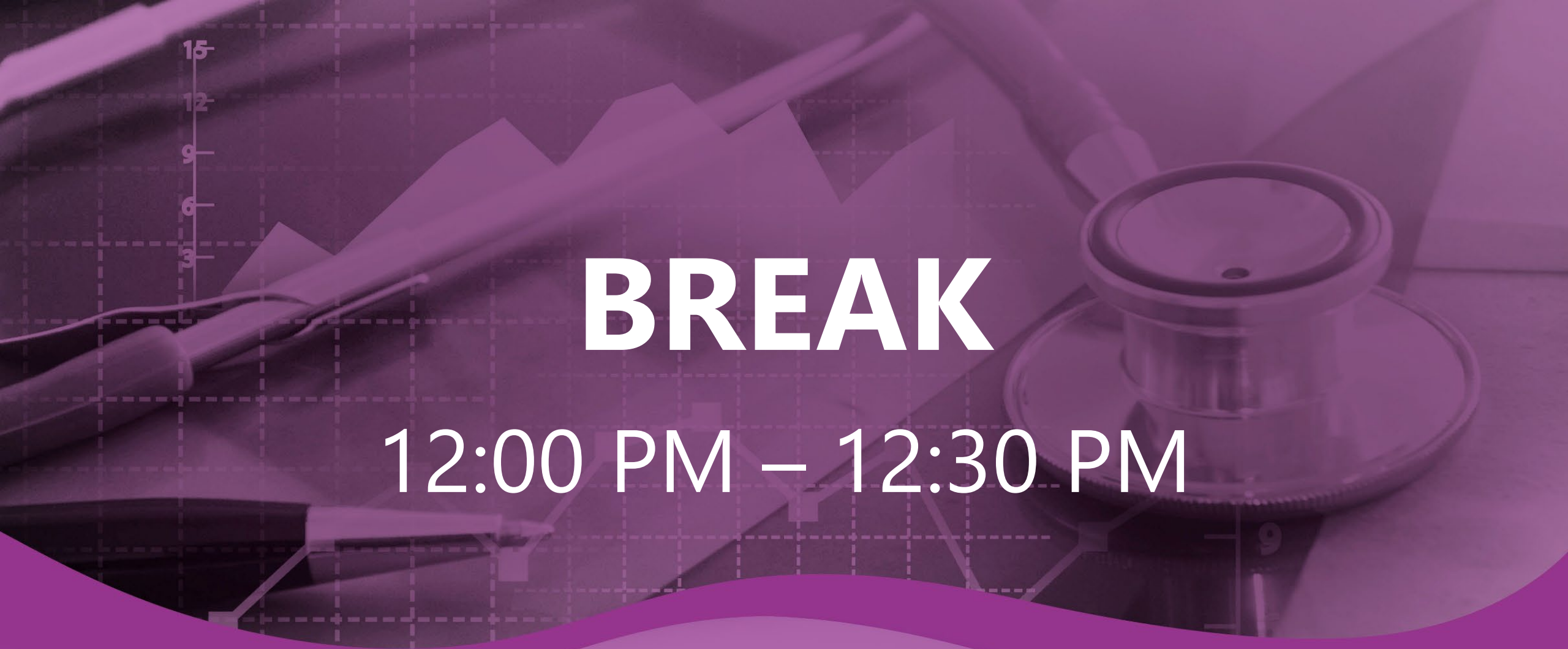
Top 5 Health Plans: Activities Focused on Multiple Populations Including Native American/Alaska Native Population

- Conducted outreach campaigns (media and direct phone/text contact)
- Collaborated with various organizations (Local Health Departments, CBOs, Family Resource Centers, CVS)
- Used data to target unvaccinated and then conducted targeted outreach

None of the bottom 5 health plans (least improvement in Native American vaccination rate) reported conducting ANY activities focused on Native Americans

Health Plan Efforts Focused on Vaccination of American Indians/Alaska Natives

- Blue Shield
  - Engaged the San Diego American Indian Health Center and provided funding for events promoting information on COVID-19 vaccines via trusted messenger to answer questions in person
- San Francisco Health Plan
  - Provided a grant to the Native American Health Center which provided vaccine information to the general community and their patients in webinars in English and Spanish
  - Provided information regarding vaccines, mental health, masks and testing
  - Reached 4,435 individuals regarding vaccine education



BREAK

12:00 PM – 12:30 PM

DHCS

Medi-Cal Eligibility Division Update

Sandra Williams
DHCS Division Chief
Medi-Cal Eligibility Division

Background

- In January 2020, the U.S. Department of Health and Human Services declared a public health emergency (PHE) in response to the outbreak of COVID-19.
- Families First Coronavirus Response Act Continuous Coverage Requirement impact on American Indian and Alaska Native Medi-Cal beneficiaries who live on tribal lands
- The U.S. Department of Health and Human Services renewed the COVID-19 PHE through January 2023

Resuming Normal Business Operations

- When the PHE ends, counties will process annual renewals on the beneficiaries next normally scheduled annual renewal date.
- Counties will follow normal business processes when completing post-PHE renewals
- Continuous Coverage for Young Adults
  - DHCS will continue to cover individuals who enrolled as part of the young adult expansion policy, and who have aged out or will age out of state-funded full scope Medi-Cal as a result of turning 26 years old from March 2020 through December 2023. This group would most likely transition to restricted scope Medi-Cal once Medi-Cal renewals resume after the COVID-19 PHE ends.

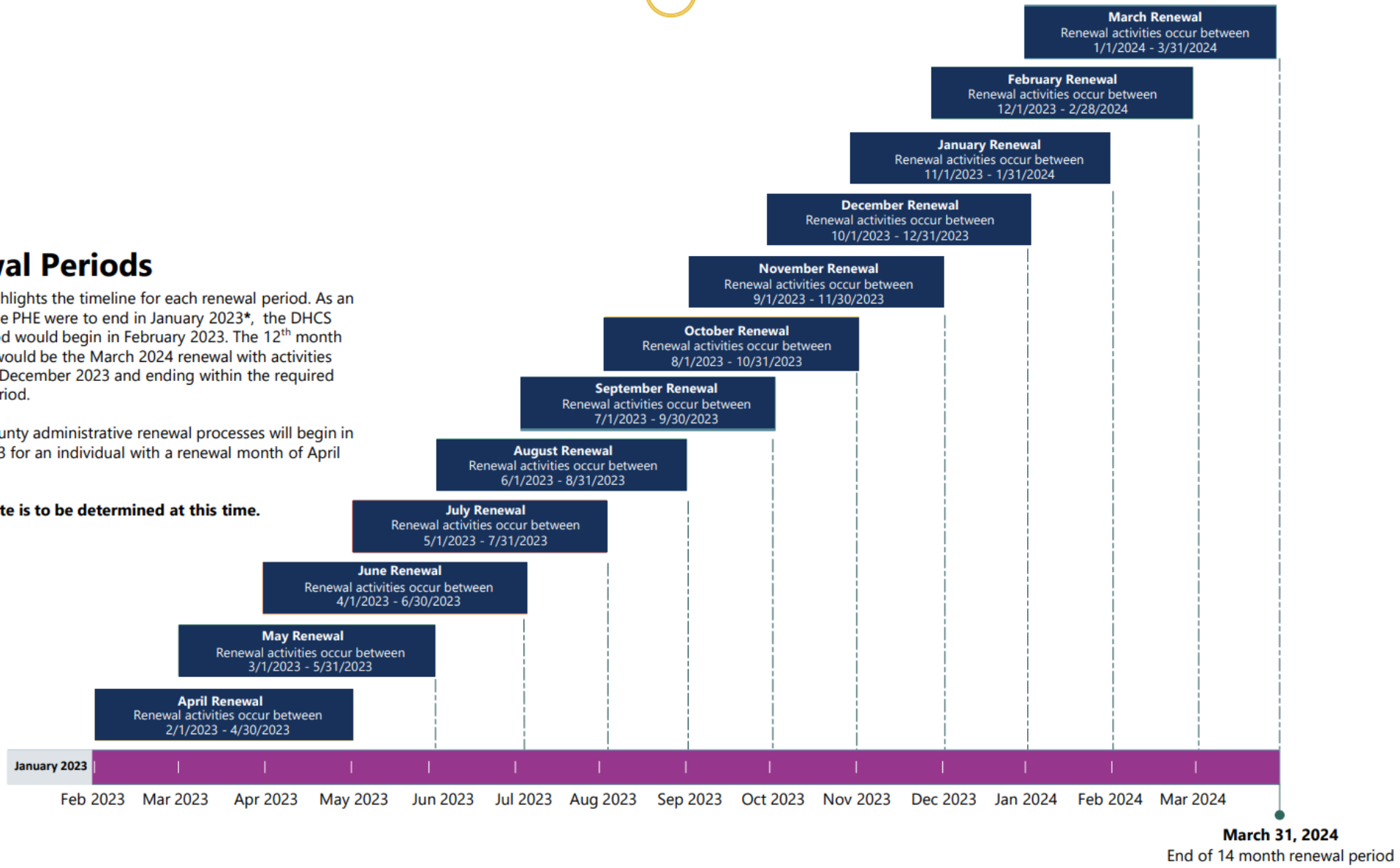
Eligibility Sequencing Map

Renewal Periods

This page highlights the timeline for each renewal period. As an example, if the PHE were to end in January 2023*, the DHCS renewal period would begin in February 2023. The 12th month of eligibility would be the March 2024 renewal with activities beginning in December 2023 and ending within the required 14-month period.

Example: County administrative renewal processes will begin in February 2023 for an individual with a renewal month of April 2023.

***PHE end date is to be determined at this time.**



Resuming Normal Business Operations County PHE Unwinding Toolkit

- DHCS released a County COVID-19 PHE Unwinding Readiness Toolkit and corresponding Medi-Cal Eligibility Division Information Letter to counties. The County COVID-19 PHE Unwinding Readiness Toolkit is designed to help counties assess readiness in the three key areas of high impact:
  - Organization and staffing
  - Staff training for all levels of staff who perform or supervise Medi-Cal related case activities
  - Lobby management, call center guidance, and outreach strategies

DHCS Coverage Ambassadors

- **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage including American Indian and Alaska Natives who live on tribal lands.**
- **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- **How you can help:**
  - Become a **DHCS Coverage Ambassador** to ensure trusted sources are providing information to the American Indian and Alaska Native Medi-Cal beneficiaries.
  - Download the Outreach Toolkit on the DHCS Coverage Ambassador webpage
  - Join the DHCS Coverage Ambassador mailing list to receive updated toolkits as they become available

DHCS Coverage Ambassadors

- **Phase One: Encourage Beneficiaries to Update Contact Information**
  - **Launch immediately**
  - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
    - » Flyers in provider/clinic offices, social media, call scripts, website banners
- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
  - **Launch 60 days prior to COVID-19 PHE termination.**
  - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

COVID-19 PHE Communications and Outreach Campaign

- Budget Act of 2022 appropriated $25 million to DHCS to seek a communications/advertising vendor to implement a broad and targeted education and outreach communications campaign for Medi-Cal beneficiaries during and after the end of the COVID-19 PHE.
- Anticipated launch in November 2022 with vendor onboard.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Pharmacy Benefits Division Update

Erika Sky
DHCS Assistant Division Chief

Medi-Cal Rx Reinstatement Status Phase I

- Fully launched 9/16/22
- 3 Waves:
  - Wave I – Resume Drug Utilization Review Safety Edit (Reject Code 88)
  - Wave 2- Cover My Meds Adoption
  - Wave 3 – Prior Authorization (PA) Reinstatement for 11 Therapeutic Drug Classes

Medi-Cal Rx Reinstatement Status Phase II

- Continued Reinstatement of PAs by Therapeutic Class
- Prospective PAs
- Safety Edits

Helpful Information & Resources

- More information on Phase I reinstatement can be found on the Medi-Cal Rx website **here.**

- More information on Phase II reinstatement will be announced on the Medi-Cal Rx website soon.

- Other helpful links:
  - **MCRX Homepage**
  - **180-Day Transition Policy**
  - **Contract Drugs List (CDL)**
  - **Provider Portal**
  - **Medi-Cal Rx Provider Manual**
  - **Medi-Cal Rx: Transitioning Medi-Cal Pharmacy Services from Managed Care to Fee-For-Service Frequently Asked Questions**
  - **Medi-Cal Rx Forms & Information**


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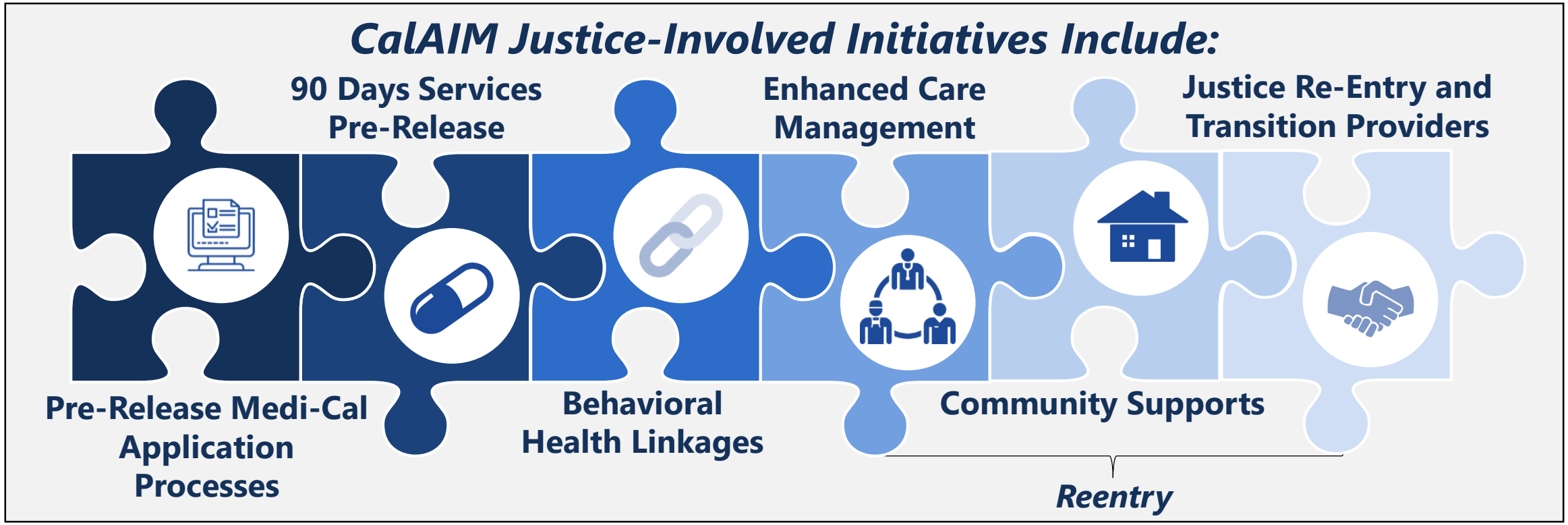
California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved Initiative

Review of Justice-Involved Initiative Pre-Release Medi-Cal Application Mandate

Sandra Williams
DHCS Division Chief

CalAIM Initiatives to Support Justice-Involved Populations

CalAIM justice-involved initiatives support adults, children and youth who have been incarcerated by providing key services pre-release, enrolling them in Medi-Cal, and connecting them with behavioral health, social services, and other providers that can support their re-entry.



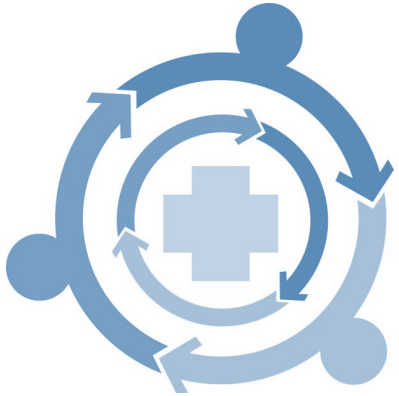
There are no Tribal Correctional Centers in California. In 2018, the California Attorney General's Office reached an agreement to house individuals convicted by Tribal Courts in California in CDCR or county jails. CalAIM Justice-Involved Initiatives apply to Medi-Cal eligible/enrolled individuals in custody of state/county correctional facilities, including those convicted in Tribal Courts.

Source: CalAIM Justice-Involved Initiative

Pre-Release Medi-Cal Application Processes

California statute mandates all counties implement pre-release application processes in county jails and youth correctional facilities by January 1, 2023. Establishing pre-release Medi-Cal application processes is part of the State's vision to enhance the Medi-Cal health care delivery system for justice-involved populations.

Rationale



Pre-release application process will help to ensure justice-involved individuals have Medi-Cal coverage upon re-entry into the community, in order to facilitate access to needed Medi-Cal covered services and care

Please see DHCS' issue brief "Strategies for Conducting Pre-Release Medi-Cal Enrollment in County Jails" for best practices on how to implement a pre-release Medi-Cal application process in correctional facilities.

Sources: AB-133 Health; Chapter 143; AB-720 Inmates: Health Care Enrollment; ACWDLS 14-26; ACWDLS 14-26E; CalAIM Proposal

Pre-Release Medi-Cal Application Mandate Applies to Individuals Tried in Tribal Courts and Incarcerated in County Jails

All county correctional facilities (e.g., county jails, and youth correctional facilities (YCF)) must implement a pre-release Medi-Cal application process by January 1, 2023. Individuals who are tried in Tribal Courts and sentenced to time in jails or YCFs will be able to apply and enroll in Medi-Cal before they are released.

Correctional facilities will implement the following steps to ensure that all individuals who are in custody can apply and enroll in Medi-Cal:

Step 1: Screen individuals for eligibility for Medi-Cal

↓

Step 2: Assist individuals in completing the Medi-Cal application

↓

Step 3: Submit application to County Social Services Departments (SSD)

Note: Individuals who are in custody of CDCR can also apply for and enroll in Medi-Cal. CDCR has had a contract in place with TCMP to complete Medi-Cal enrollment since 2017.

Unlimited Suspension for Incarcerated Individuals

Effective January 1, 2023, county SSDs must suspend Medi-Cal benefits for inmates of a public institutions, regardless of age, for the duration of their incarceration. The SSD will unsuspend the individual's Medi-Cal benefits upon release to the community.

Suspension Guidance for Short-Term Sentences

- To ensure Medi-Cal enrolled individuals who are released from a correctional facility can seamlessly access services when they reenter the community, DHCS will require SSDs to suspend Medi-Cal benefits only after an individual has been incarcerated for a 28 days).
- This policy would ensure that individuals who are incarcerated for short period of time (i.e., less than 28 days) would not have to go through the process of having their Medi-Cal benefit suspended and unsuspended over the short period of time, risking lack of coverage upon release.

Note: An ACWDL on this topic is forthcoming.

Source: SB-184

Update on CMS Negotiations and Go-Live Dates

Go-live of the Pre-Release Services component of the Justice-Involved Initiative depends on CMS approving California's Medicaid Section 1115 Waiver Demonstration Five-year Renewal and Amendment Request.

CMS Update

- Negotiations with CMS on the waiver began in Fall 2021 and are ongoing.
- **CMS informed DHCS that the approval of the State's waiver request is dependent on several outstanding items**, including:
  - Submission of an HHS Report to Congress; and
  - Release of a State Medicaid Director Letter on justice-involved 1115 Waivers.
- **Based on status of CMS negotiations, DHCS is updating the go-live timeline** as follows:
  - On January 1, 2023, pre-release applications will go live, as required by state statute.
  - For the pre-release services, in light of the CMS' delay to approve our STCS, DHCS is re-evaluating the effective date of July 1, 2023 implementation for the following:
    - 90 Days pre-release services for correctional facilities that demonstrate readiness;
    - Behavioral health linkages; and,
    - ECM for the justice-involved population of focus; *ECM for individuals and families experiencing homelessness, adult high utilizers, and adults with a SMI/SUD is currently available.*

Note: Go-live of the pre-release Medi-Cal application mandate does not depend on CMS approval.

Source: Medicaid Section 1115 Demonstration Five-Year Renewal and Amendment Request: CalAIM Demonstration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Children and Youth Behavioral Health Initiative Update (CYBHI)

Autumn Boylan
DHCS Deputy Director

Overview of CYBHI Workstreams

Children and Youth Behavioral Health Initiative (CYBHI) Leadership

DHCS

- BH Services Virtual Services Platform
- CBO Network (e.g., Indian Health CBOs and/or Urban Indian Organizations)
- Pediatric, Primary Care and Other Health Care Providers
- E-Consult
- Enhanced Medi-Cal Benefits – Dyadic Services
- Student Behavioral Health Incentive Program (SBHIP)
- School-Linked Partnership and Capacity Grants
- CalHOPE Student Services
- BH Continuum Infrastructure Program
- Evidence-Based and Community-Defined Practices

HCAI

- BH Coach Workforce
- Broad BH Workforce Capacity

DHCS / DMHC

- Statewide All-Payer Fee Schedule for School-Linked BH Services
- Statewide BH School-Linked Provider Network

CDPH

- Public Education and Change Campaign

OSG

- ACEs Awareness Campaign
- Trauma-Informed Training for Educators

Behavioral Health Virtual Services (BHVS) Platform

DHCS

The approach to build the Behavioral Health Virtual Services (BHVS) platform included discovery research, prototype concept testing and procurement

Market Scan

450+

Vendors identified through market scan and invited to Request for information (RFI)

Children & Youth Research

200+

Children and youth

28+

Focus groups and 1:1 interviews

Think Tank Workshops

32

Participants

8

Think Tanks

Vendor Review Process

82

Vendors submitted response to RFI

Behavioral Health Virtual Services (BHVS) Platform Capabilities Overview

Capability	Working description
1 **Get on-platform BH care**	**Free multimodal** one-on-one session(s) with a BH professional providing live BH services
2 **Learn about BH**	**Engaging, age-tailored, searchable informational material for a range of BH and wellness needs,** potentially curated based on community, user input
3 **Assess and manage your BH**	Self-assessments and other activities to **help identify and manage BH, find resources,** and optionally **track and share BH over time**
4 **Connect with off-platform services**	**Self-service tool with live assistance option that helps connect children and youth to off-platform BH service options** (potentially including counties, schools, affiliated CBO network, health plan providers)
5 **Connect with other youth**	**Moderated forums, programs, and events** to connect with other youth and "tell your story", provide encouragement, and/or get support
6 **eConsult**	**Tool for primary care providers to improve BH skill set through support and consultation** with BH specialists and resources

Timeline and Milestones for January 1, 2024 Launch of BHVS

Q3 2022

- **DHCS to identify leading vendor(s)** for platform efforts

Q4 2022

- **DHCS to contract leading vendor(s)**
- **Branding study** completed
- **Kick-start go-to-market efforts** (e.g., branding, channel composition for raising awareness)

Q1 2023

- **Core platform functionality live**
- Detailed product roadmap created

Q2 2023

- **On-platform care live** (beta)
- Pilot - **Beta testing with select school(s)**

Q3 2023

- **Learn about BH and assess and manage your BH live**
- Pilot – **Beta testing with expanded schools**
- **Wide-scale marketing** campaign to begin

Q4 2023

- **Connect with other youth events live**
- **Increased workforce** for on-platform care
- **Prepare for full launch** in Jan 2024

Scaling Evidence-based and Community-defined Evidence Practices

DHCS

Stakeholder-informed holistic criteria was used to review the portfolio to ensure the practices addressed the broad needs of children and youth

A holistic portfolio of practices and programs includes the following elements[1]...

- **Serve a wide age range of children and youth**, from 0 - 25
- Reflect practices and programs that **address the diverse needs of communities** across CA and aim to reduce BH disparities
- Make practices and **programs accessible to caregivers, parents, youth, and children** across various settings
- **Include infrastructure and approach to equitably scale CDEPs** for the populations of focus
- Incorporate practices and programs that **drive near-term outcomes** and those that **drive systemwide change**
- Include **innovative practices and programs** and those with a **demonstrated success** for populations of focus
- Include practices and programs that **address the areas of greatest need** and with the greatest variability in quality and outcomes
- **Acknowledge finite, one-time nature of funding** in selecting a limited number of practices for scaling

1. Elements of holistic review not presented in a particular order

Source: Based on input from DHCS OSP leadership, and Think Tank and Workgroup session discussions and follow-up activities

EBP/CDEP grant funding rounds – focus areas and timeline

November 2022

Parent and caregiver support programs

To increase supports and improve parental and caregiver involvement

February 2023

Trauma -informed practices and programs

To increase access to services which address BH needs and the impact of adverse childhood events

Youth-driven programs

To increase peer-to-peer support with programs informed through youth voice

March-April 2023

Community-defined evidence practices

To increase access to culturally relevant and responsive prevention and early intervention services

April-May 2023

Early childhood wrap around services

To increase access to home visiting and consultation services that are responsive to community needs

Early intervention

To increase early identification and intervention services for children and youth with, or at high risk for BH conditions

Stakeholder-suggested portfolio of practices and programs to be refined before grant announcements (1/2)

Potential timeline

Grant round focus

Potential programs and practices

CDEPs will be eligible across rounds if practices meet eligibility requirements

	Round 1 *October 2022*	**Round 2a** *February 2023*
Grant round focus	**Parent/caregiver support and training programs**	**Trauma-informed programs and practices**
Potential programs and practices	Healthy Steps Incredible Years Parent Child Interaction Therapy Triple P Other practices for specified populations of focus (e.g., Effective Black Parenting Program, Strong African American Families, Parents Anonymous)	Attachment and Biobehavioral Catch-up Child Parent Psychotherapy Cognitive Behavioral Interventions for Trauma in Schools Dialectical Behavior Therapy Family Centered Treatment Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems Trauma-Focused Cognitive Behavioral Therapy Other practices for specified populations of focus (e.g., Family Acceptance Project)

Note: Final list of programs and practices will be included in the Request for Applications for each grant round. Shortlisted programs and practices may be subjected to coverage requirements

Stakeholder-suggested portfolio of practices and programs to be refined before grant announcements (2/2)

	Round 2b February 2023	Round 3 March/April 2023	Round 4 April/May 2023	Round 5 April/May 2023
Potential timeline				
Grant round focus	**Youth-driven programs**	**Community-defined evidence practices**	**Early childhood wraparound services**	**Early interventions**
Potential programs and practices	Peer Support Youth drop-in centers (e.g., allcove) Other practices for specified populations of focus	Partnerships with 35 implementation pilot projects from California Reducing Disparities Project Phase II, as applicable to children, youth, and families in populations of focus	Healthy Families America Nurse Family Partnership Infant and Early Childhood Mental Health Consultation* Other practices for specified populations of focus	Early psychosis services (e.g., Coordinated Specialty Care) Other practices for specified populations of focus

CDEPs will be eligible across rounds if practices meet eligibility requirements

Note: Final list of programs and practices will be included in the Request for Applications for each grant round. Shortlisted programs and practices may be subjected to coverage requirements

Guiding principles for EBP/CDEP grant design

Drive impact

Consider standardized reporting and evaluation criteria to ensure near outcomes are captured with fidelity to achieve long-term outcomes and that data collection is designed to be meaningful for populations of focus

Reduce health disparities

Prioritize grant proposals that serve populations of focus and include supplementary material around Cultural Competence Plan Requirements[1] (e.g., how services will be provided to non-English speakers)

Developing leadership

Consider accommodations in the grant submission process (e.g., video submission, demo day) **for under-resourced organizations** to ensure an equitable selection process and **include adaptations of pre-selected short-list of practices and programs**

Culturally relevant and responsive

Consider funding for grantees to obtain specialized trainings in focus populations to ensure that services are delivered through a culturally relevant and responsive approach (e.g., effective, understandable, and respectful of culture, beliefs and mental health literacy) and to encourage grantees to grow in capacity and achieve sustainability

Build capacity

Consider multiple funding tracks to ensure optimal scaling (e.g., training track, implementation track) to ensure BH organizations and related organizations can build expertise and better serve the caregivers, children, and youth of CA

School-based BH Services – Fee Schedule and Grants

DHCS

Statewide All Payer Fee Schedule for School-based BH Services

Vision

To **leverage the fee schedule as a sustainable funding source** for school-linked BH care, using the fee schedule to:

- **Ensure ALL children and youth have access** to school-based BH services
- Create a **more approachable** billing model for schools (K-12 and higher education institutions) and LEAs
- **Ease burdens** related to contracting, rate negotiation, and navigation across delivery systems
- **Reduce uncertainty** around students' coverage

Overview of statutory requirements

CYBHI Act Statutory requirements[1]

1. **"Develop and maintain a school-linked statewide fee schedule for outpatient mental health or substance use disorder** provided to a student 25 years of age or younger at a school site"
2. **"Develop and maintain a school-linked statewide provider network** of school site behavioral health counselors"
3. **"Require each commercial health plan AND the Medi-Cal managed care plans and Medi-Cal behavioral health delivery system, as applicable, to reimburse providers** of medically necessary outpatient mental health or substance use disorder treatment provided at, or near, a school site to a student (age 25 or younger) who is an enrollee of the plan or delivery system" [3]

Additional factors

"Providers of medically necessary school-site services shall be reimbursed, at a minimum, at the fee schedule rate regardless of network provider status (e.g., commercial plan coverage)"[1]

Services provided as part of the fee schedule "**shall not be subject to copayment, coinsurance, deductible, or any other form of cost sharing"**[2]

1. See Children and Youth Behavioral Health Initiative Act, § 5961.4 (a) (1) – (4); non-exhaustive; lightly edited for readability; refer to the Act for official text.
2. See Health and Safety Code § 1374.722.
3. Additional definitions of organizations included as payers in the all-payer, school-linked fee schedule to be provided by DHCS.

Fee Schedule Workgroup

- On October 24th, DHCS/DMHC will launch a CYBHI Fee Schedule Workgroup
- The purpose of the workgroup will be to engage stakeholders and inform the development of guidance to address policy, operational and implementation considerations for the CYBHI Fee Schedule
- Workgroup members will include:
  - Education partners, including state leadership/associations and LEA representatives
  - Commercial health plans
  - Medi-Cal Managed Care Plans
  - County Behavioral Health Departments
  - Providers
  - Community Based Organizations

Urgent Needs and Emergent Issues – 2022 Budget Act Funding

DHCS

2022 Budget Act – New Funding for CYBHI

- **Grants to support Wellness and Build Resilience of Children, Youth, and Parents.** $120.5 million General Fund in Fiscal Year 2022-23, as part of a multiyear plan to provide $175 million in the General Fund for the following:

  - Wellbeing and Mindfulness Programs provided in K-12 school or community-based settings, that teach wellness and mindfulness practices to teachers and students
  - Parent Support and Training Programs that build knowledge and capacity of parents to address their children's behavioral health needs
  - Video Series to provide parents with resources and skills to support their children's mental health
  - Leveraging emerging technologies to develop next generation digital supports for remote mental health assessment and intervention
  - High school peer to peer programs pilot through The Children's Partnership

Source: DHCS-FY-2022-23-Budget-Act-Highlights (ca.gov)

Questions?

DHCS Contact Information for Questions/Feedback: CYBHI@dhcs.ca.gov

DHCS Children & Youth Behavioral Health Initiative (CYBHI) Webpage

DHCS Student Behavioral Health Incentive Program (SBHIP) Webpage

DHCS Behavioral Health Continuum Infrastructure Program (BHCIP) Webpage

CalHOPE Student Support Webpage

Medi-Cal Managed Care Mandatory Enrollment Update

Michelle Retke
DHCS Division Chief

CalAIM Mandatory Medi-Cal Managed Care Enrollment

- The Medi-Cal program provides benefits through both a fee-for-service (FFS) and managed care delivery system. Enrollment into one of two systems is based upon specific geographic areas, the health plan model, and/or beneficiary aid code.
- CalAIM mandatory managed care enrollment (MMCE) will standardize and reduce the complexity of the varying models of care delivery in California. Populations moving between counties will have the same experience when it comes to receiving services through a managed care plan (MCP) and will have more coordinated and integrated care offered by the MCP.
- DHCS is implementing MMCE in two phases:
  - Transition of non-dual (Medi-Cal only) eligible populations occurred in 2022.
  - In January 2023, dual eligible beneficiaries in 31 counties will transition into Medi-Cal managed care enrollment.
- **American Indian/Alaska Native beneficiaries will have the option to opt in or opt out of managed care enrollment in non-COHS counties using the non-medical exemption form (HCO 7102).**
  - To learn more about exemptions from joining a MCP, call Health Care Options Monday through Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY 1-800-430-7077).

Medi-Cal Managed Care for Dually Eligible Beneficiaries

- Currently, more than 70 percent of dual eligible beneficiaries (more than 1.1 million) are enrolled in Medi-Cal managed care.
- Beginning in January 2023, about 325,000 dual eligible beneficiaries will be newly enrolled in Medi-Cal managed care to improve care coordination.
- **31 Impacted Counties:** Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Imperial, Inyo, Kern, Kings, Madera, Mariposa, Mono, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, Sierra, Stanislaus, Sutter, Tehama, Tuolumne, Tulare, and Yuba counties.
- Beneficiaries can choose a Medi-Cal MCP using materials they will receive in fall 2022.
- MCPs provide care coordination, long-term services and supports, transportation to medical appointments, ECM, and Community Supports for dually eligible beneficiaries through their contracted networks and other arrangements as needed to provide covered medically necessary services.
- In addition to the dual eligible beneficiaries transitioning on 1/1/23, DHCS identified approximately 300,000 additional individuals subject to transition to mandatory managed care that were initially assumed to already be subject to mandatory managed care, and they will also transition on January 1, 2023.
- **Medi-Cal MCP enrollment does NOT impact Medicare provider access, or choice of Original Medicare or Medicare Advantage. Medicare providers do NOT need to be in Medi-Cal plan networks.**

Medi-Medi Plans and Cal MediConnect (CMC) Transition

- Medicare-Medi-Cal (Medi-Medi) plans combine Medicare and Medi-Cal benefits into one plan. Available to dually eligible beneficiaries for 2023 enrollment in Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara counties.

- Members in CMC plans will be automatically transitioned into the Medi-Medi plans operated by the same parent company. There will be no gap in coverage, and networks will be substantially similar. Plans are notifying their members.

- Enrollment in Medicare Advantage, including a Medi-Medi plan, is voluntary, and Medicare beneficiaries may remain in Medicare FFS (Original Medicare).

Medi-Medi Plans: Opportunities and Benefits

- Similar to CMC approach – high consumer satisfaction
- Simplified care coordination to help members access services
- Integrated member materials
- Supplemental benefits
- Benefit coordination
  - Unified plan benefit package integrating covered Medi-Cal and Medicare benefits
  - Coordinated benefit administration
  - Unified process/policy for authorizing durable medical equipment
  - Enable plan-level integrated appeals
- Integrated beneficiary and provider communications

MCP Benefit Standardization- Medi-Cal Managed Care for Skilled Nursing Facilities (SNF)

- Starting on January 1, 2023, Medi-Cal MCPs in all counties will cover the LTC benefit for SNFs, including a distinct part or unit of a hospital, to better coordinate care, simplify administration, and provide a more integrated experience.

- Medi-Cal beneficiaries will receive notices and plan choice packets, and will be enrolled into a Medi-Cal MCP.

- **Key Impacted Counties:** Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Imperial, Inyo, Kern, Kings, Madera, Mariposa, Mono, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, Sierra, Stanislaus, Sutter, Tehama, Tuolumne, Tulare, and Yuba counties.

MCP Benefit Standardization- Medi-Cal Managed Care for SNF (Continued)

Facilities Continuity of Care (CoC) – SNF Services

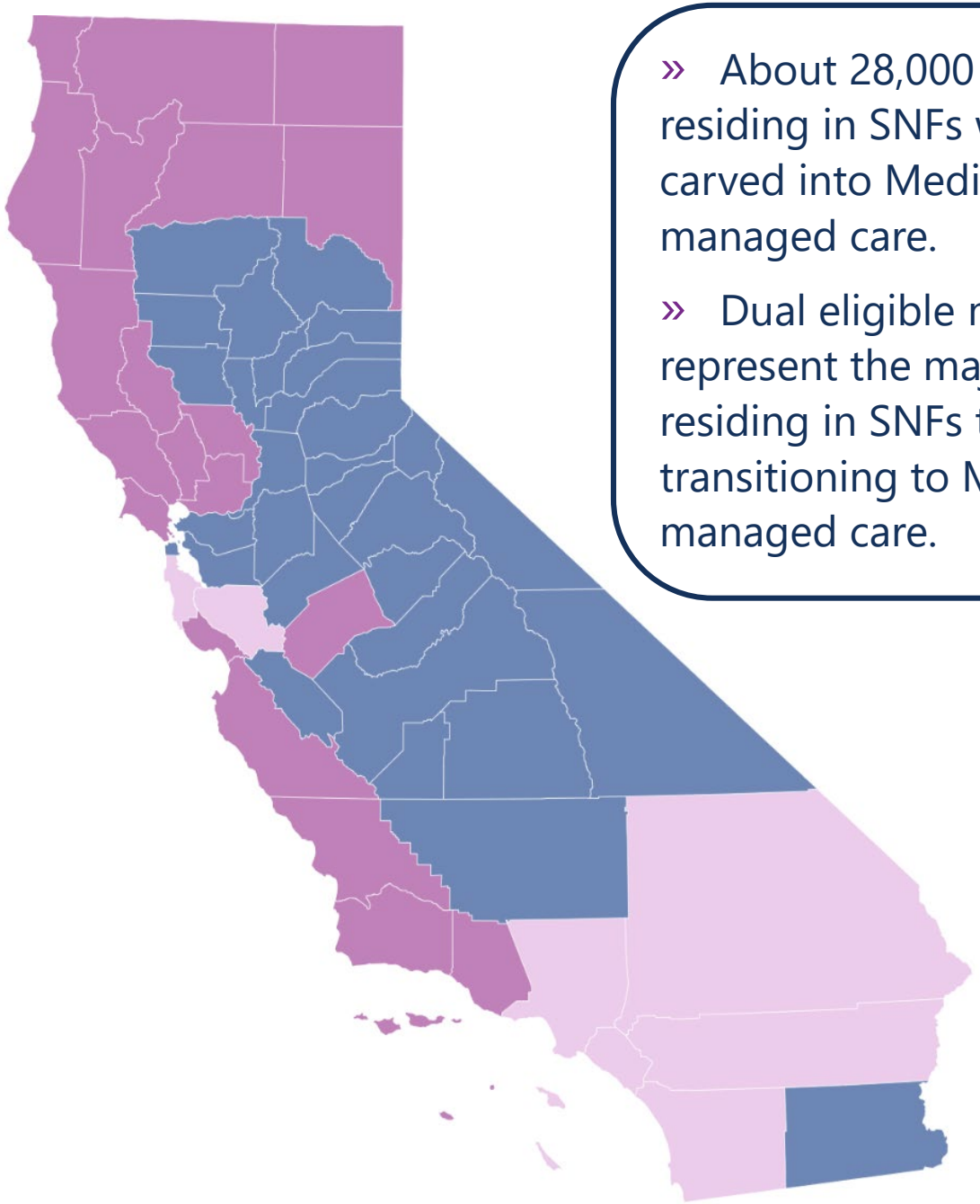
- MCPs must provide CoC for all medically necessary LTC services at non-contracting LTC facilities for members residing in a SNF at the time of enrollment.
- To prevent disruptions in care, members must be allowed to stay in their current SNF residence, as long as:
  - The facility is licensed by the California Department of Public Health (CDPH).
  - The facility meets acceptable quality standards, including the MCP's professional standards.
  - The facility and MCP must agree to work together.
- This CoC protection applies to all SNF residents transitioning on January 1, 2023, and lasts for 12 months.
  - After 12 months, members may request an additional 12 months of CoC.
- This CoC protection is **automatic**, meaning the beneficiary does not have to request to stay in their facility.
- If member is unable to access CoC as requested, the MCP must provide the member with a written notice of action of an adverse benefit determination and find alternative placement.

Statewide SNF

COHS Counties with SNF Carved-in to Medi-Cal Managed Care

CCI Counties with SNF Carved-in to Medi-Cal Managed Care

Counties where SNF will be carved-in to Medi-Cal Managed Care starting on January 1, 2023



- About 28,000 members residing in SNFs will be carved into Medi-Cal managed care.
- Dual eligible members represent the majority residing in SNFs that will be transitioning to Medi-Cal managed care.

Combined Transition Noticing Timeline

Medicare Annual Enrollment: Opens October 15 and closes December 7

September 2022

D-SNP Look-alike members received an **Annual Notice of Change (ANOC)** by 9/30

CMC members received an **ANOC** by 9/30

October 2022

CMC Transition to Medi-Medi plan **90-Day Notice**

November 2022

LTC SNF Carve-In **60-Day Notice**

CalAIM Managed Care Enrollment **60-Day Notice**

CMC Transition to Medi-Medi plan **45-Day Notice**

December 2022

LTC SNF Carve-In **30-Day Notice, Choice Packet*,** and **Health Care Plan Confirmation Letters**

CalAIM Managed Care Enrollment **30-Day Notice, Choice Packet*,** and **Health Care Plan Confirmation Letters**

*In 12 counties beneficiaries who are already enrolled in a Medicare Advantage plan will be enrolled in the "matching" Medi-Cal plan, under the same parent organization, if there is a matching plan, and they will not receive the Choice Packet.

Note: 60-Day and 30-Day notices also include a Notice of Additional Information that includes a series of questions and answers about the transition.

Items for Next Meeting/Final Comments

Thank You for Participating In Today's Webinar